

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLP.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		1000	12-71

09/695 919

INDEX OF CLAIMS

Rejected \_\_\_\_\_ N \_\_\_\_\_ Non-elected  
 Allowed \_\_\_\_\_ I \_\_\_\_\_ Interference  
 (Through summary) Cancelled \_\_\_\_\_ A \_\_\_\_\_ Appeal  
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If more than 150 claims or 10 actions  
staple additional sheet here

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